Summary of Benefits

This section summarizes your UMP PPO benefits. To match our benefit structure, you'll notice that services are separated by those received ***inside*** Washington and Oregon (as well as four border counties of Idaho), and those received ***outside*** Washington and Oregon. The UMP PPO covers only medically necessary services and supplies, as defined on pages 65-66. Please refer to "Covered Expenses" as well as "Expenses Not Covered, Exclusions, and Limitations" for more details.

Please note that UMP PPO has no waiting period for coverage of pre-existing health conditions.

For any UMP PPO benefit, once you have met the cost-sharing requirements, the plan pays at the levels shown on the following summary charts, subject to any benefit maximums or limits indicated. The percent paid by the plan refers to percent of the allowed charge only. The remaining amount of the allowed charge is your enrollee coinsurance (defined on page 63).

Only the *allowed charge* is covered—the maximum payment the plan allows for a specific service or supply (see definition on page 62). In many cases, the UMP's allowed charge is less than the provider's billed charge for the service. If you use non-network or out-of-network providers, you will also be responsible for the difference between the provider's billed charge and the UMP allowed charge for the particular service (that is, in addition to UMP PPO cost-sharing requirements). *Network* providers have agreed to accept the UMP allowed charge as payment in full; *out-of-network* and *non-network* providers have not. See pages 14-15 for more information on your provider options.

In most circumstances, UMP PPO follows Medicare policy related to claims payment policies and procedures.

Some services also have specific limits, as shown in the summary charts.

The following sections describe your UMP PPO benefits along with other details you'll need to use the plan effectively. If you have questions, see the Directory (inside the front cover) for contact information.

Summary of Benefits

All covered benefits are subject to the annual medical/surgical deductible unless otherwise noted. **Percentages shown in chart apply to the UMP allowed charge, which is often less than the provider's billed charge.**

Benefits	Plan payment for network providers INSIDE WA/OR & Idaho counties[1]	Plan payment for network providers OUTSIDE WA/OR & Idaho counties[1]	Plan payment** for non-network providers	Preauthorization required?	See page***
Acupuncture 16 treatments max/year	90%	80%	60%	No	22, 39
Ambulance Air and ground	80%	80%	80%	No	22, 39
Biofeedback (if for mental health diagnosis: see Mental Health benefits)	90%	80%	60%	No	22, 27
Blood and Blood Derivatives	90%	80%	60%	No, except stem cell harvesting for transplant purposes	23, 39
Bone, Eye, and Skin Bank Services	90%	80%	60%	No	23
Cardiac and Pulmonary Rehabilitation	90%	80%	60%	Yes	20, 23
Chemical Dependency Treatment $12,500 maximum plan payment per consecutive 24 calendar month period for inpatient and outpatient combined (excludes detox if you haven't been admitted to a chemical dependency program when receiving those services)					23, 39, 63
• **Inpatient**	100% after $200 copay/day; $600 max copay/person/year	80%	60%	No	
• **Outpatient**	90%	80%	60%	No	
Dental Services (limited – does not include routine dental care, or most common dental services)	90%	80%	60%	No, except surgical treatment of TMJ	23, 39
Diabetes Education	90%	80%	60%	No	24, 40

* Not subject to the annual medical/surgical deductible.

** Your cost-share for these services does not count towards the annual medical/surgical out-of-pocket limit, and is exempt from that limit. See exception for out-of-network care on page 11.

*** Several exclusions listed in "Expenses Not Covered, Exclusions, and Limitations," may apply to all benefits. Please review the "Expenses Not Covered, Exclusions, and Limitations" section carefully.

[1] Refers to the Idaho counties of Bonner, Kootenai, Latah, and Nez Perce.

For more information on what isn't covered and benefit limits, see "Expenses Not Covered, Exclusions, and Limitations."

Benefits	Plan payment for network providers INSIDE WA/OR & Idaho counties[1]	Plan payment for network providers OUTSIDE WA/OR & Idaho counties[1]	Plan payment** for non-network providers	Preauthorization required?	See page***
Diagnostic Tests, Laboratory, and X-Rays (outpatient)	90%	80%	60%	Certain services	24, 40
Dialysis	90%	80%	60%	No	24
Durable Medical Equipment, Supplies, and Protheses ***Note:*** For a wig or hairpiece to replace hair lost due to radiation or chemotherapy, $100 lifetime max	90%	80%	60%	Yes, for rentals over 3 months and purchases over $1,000	24-25, 40, 63
Emergency Room (ER) ER copay waived if admitted directly from ER; copay does not count toward the annual medical/surgical deductible or medical/surgical out-of-pocket limit	90% after $75** copay/visit	80% after $75** copay/visit	80% after $75** copay/visit	No	25, 65
Hearing Care $400 max/36 months applies to routine hearing exam, hearing aid, and rental/repair combined	90%	80%	60%	No	25, 40
Home Health Care	90%	80%	60%	Yes	25-26, 40, 64
Hospice Care					26, 40, 42,
• **Inpatient**					64-65
When preauthorized	100%	100%	60%	Yes	
When NOT preauthorized	90%	80%	60%	No	
• **Respite Care** ($5,000 lifetime max)	100%	100%	60%	Yes	
Hospital Services					
• **Inpatient**					26, 41
Facility charges	100% after $200 copay/day; $600 max copay/person/year	80%	60%	No; see "Physical, Occupational, Speech, and Massage Therapy" for exceptions.	
Professional services	90%	80%	60%	No	
• **Outpatient**	90%	80%	60%	No	26

(continued on next page)

* Not subject to the annual medical/surgical deductible.

** Your cost-share for these services does not count towards the annual medical/surgical out-of-pocket limit, and is exempt from that limit. See exception for out-of-network care on page 11.

*** Several exclusions listed in "Expenses Not Covered, Exclusions, and Limitations," may apply to all benefits. Please review the "Expenses Not Covered, Exclusions, and Limitations" section carefully.

[1] Refers to the Idaho counties of Bonner, Kootenai, Latah, and Nez Perce.

For more information on what isn't covered and benefit limits, see "Expenses Not Covered, Exclusions, and Limitations."

Summary of Benefits, continued

All covered benefits are subject to the annual medical/surgical deductible unless otherwise noted. **Percentages shown in chart apply to the UMP allowed charge, which is often less than the provider's billed charge.**

Benefits	Plan payment for network providers INSIDE WA/OR & Idaho counties[1]	Plan payment for network providers OUTSIDE WA/OR & Idaho counties[1]	Plan payment** for non-network providers	Preauthorization required?	See page***
Mammograms					
• **Screening mammograms*** (beginning at age 40, every one or two years)	100%	100%	60%	No	24, 36
• **Diagnostic mammograms**	90%	80%	60%	No	24
Mastectomy and Related Services	90%	80%	60%	No	26-27
Mental Health Treatment					27, 41,
• **Inpatient:** 10 days max/year	100% after $200 copay/day; $600 max copay/person/year	80%	60%	No, except for partial hospitalization services	42
• **Outpatient:** 20 visits max/year	90%	80%	60%	No	
Naturopathic Physician Services	90%	80%	60%	No	27, 40
Neurodevelopmental Therapy (Ages 6 years and under)					27-28, 41
• **Inpatient:** 60 days max/year	100% after $200 copay/day; $600 max copay/person/year	80%	60%	No	
• **Outpatient:** 60 visits max/year for all therapies combined	90%	80%	60%	No, but treatment plan required	
Obstetric and Newborn Care					28
• **Inpatient**					
Facility charges	100% after $200 copay/day; $600 max copay/person/year (Routine newborn nursery care is not subject to copay)	80%	60%	No	
Professional services	90%	80%	60%	No	
• **Outpatient**	90%	80%	60%	No	

* Not subject to the annual medical/surgical deductible.

** Your cost-share for these services does not count towards the annual medical/surgical out-of-pocket limit, and is exempt from that limit. See exception for out-of-network care on page 11.

*** Several exclusions listed in "Expenses Not Covered, Exclusions, and Limitations," may apply to all benefits. Please review the "Expenses Not Covered, Exclusions, and Limitations" section carefully.

[1] Refers to the Idaho counties of Bonner, Kootenai, Latah, and Nez Perce.

For more information on what isn't covered and benefit limits, see "Expenses Not Covered, Exclusions, and Limitations."

Benefits	Plan payment for network providers INSIDE WA/OR & Idaho counties[1]	Plan payment for network providers OUTSIDE WA/OR & Idaho counties[1]	Plan payment** for non-network providers	Preauthorization required?	See page***
Office, Clinic, and Hospital Visits	90%	80%	60%	No	28, 39, 41
Organ Transplants					28-29, 41
• **Inpatient**					
Facility charges	100% after $200 copay/day; $600 max copay/person/year	80%	60%	Yes	
Professional services	90%	80%	60%	Yes	
• **Outpatient** Donor search (bone marrow, stem cell, umbilical cord) is limited to 15 searches per transplant	90%	80%	60%	Yes	
Out-of-Network Care (includes care obtained in locations without access to network providers, as well as in Oregon State and Idaho counties of Bonner, Kootenai, Latah, and Nez Perce)	Not applicable	Not applicable	80%	Varies by service/ supply	15, 67
Outpatient/Day Surgery, Ambulatory Surgical Center (ASC)	90%	80%	60%	No	29, 42
Phenylkentonuria (PKU) Supplements	90%	80%	60%	No	29
Physical, Occupational, Speech, and Massage Therapy					29-30, 41
• **Inpatient:** 60 days max/year	100% after $200 copay/day; $600 max copay/person/year	80%	60%	Yes	
• **Outpatient:** 60 visits max/year	90%	80%	60% (massage therapists not covered)	No, but treatment plan required	

(continued on next page)

* Not subject to the annual medical/surgical deductible.

** Your cost-share for these services does not count towards the annual medical/surgical out-of-pocket limit, and is exempt from that limit. See exception for out-of-network care on page 11.

*** Several exclusions listed in "Expenses Not Covered, Exclusions, and Limitations," may apply to all benefits. Please review the "Expenses Not Covered, Exclusions, and Limitations" section carefully.

[1] Refers to the Idaho counties of Bonner, Kootenai, Latah, and Nez Perce.

Summary of Benefits, continued

All covered benefits are subject to the annual medical/surgical deductible unless otherwise noted. **Percentages shown in chart apply to the UMP allowed charge, which is often less than the provider's billed charge.**

Benefits	Plan payment for network providers INSIDE WA/OR & Idaho counties[1]	Plan payment for network providers OUTSIDE WA/OR & Idaho counties[1]	Plan payment** for non-network providers	Preauthorization required?	See page***
Prescription Drugs* (up to a 90-day supply)					15-17, 30-31, 39, 40, 41, 42
• **Retail pharmacies****: Annual prescription drug deductible applies. After you meet your annual prescription drug deductible, your cost-share limit for Tier 1 and Tier 2 drugs is: $50 per prescription for up to 30 days' supply, $100 per prescription for 31-60 days' supply, and $150 per prescription for 61-90 days' supply. Limit does not apply to Tier 3 drugs and prescriptions purchased at non-network pharmacies.					
Tier 1: Generic drugs, all insulin and all disposable diabetic supplies	80% (enrollee coinsurance is 20% or cost-share limit, whichever is less)	80% (enrollee coinsurance is 20% or cost-share limit, whichever is less)	80%	Certain drugs	
Tier 2: Preferred brand-name drugs	70% (enrollee coinsurance is 30% or cost-share limit, whichever is less)	70% (enrollee coinsurance is 30% or cost-share limit, whichever is less)	70%	Certain drugs	
Tier 3: Nonpreferred brand-name drugs	50%	50%	50%	Certain drugs	
• **Mail-service pharmacy****: Annual prescription drug deductible applies. If the actual price of the medication is less than the standard copay, you pay a minimum charge of $8.99 or the cost of the drug, whichever is greater—but not more than the standard copay.					
Tier 1: Generic drugs, all insulin, and all disposable diabetic supplies	100% after $10 copay/refill	100% after $10 copay/refill	Not covered	Certain drugs	
Tier 2: Preferred brand-name drugs	100% after $40 copay/refill	100% after $40 copay/refill	Not covered	Certain drugs	
Tier 3: Nonpreferred brand-name drugs	100% after $80 copay/refill	100% after $80 copay/refill	Not covered	Certain drugs	

* Not subject to the annual medical/surgical deductible.

** Your cost-share for these services does not count towards the annual medical/surgical out-of-pocket limit, and is exempt from that limit.

*** Several exclusions listed in "Expenses Not Covered, Exclusions, and Limitations," may apply to all benefits. Please review the "Expenses Not Covered, Exclusions, and Limitations" section carefully.

[1] Refers to the Idaho counties of Bonner, Kootenai, Latah, and Nez Perce.

For more information on what isn't covered and benefit limits, see "Expenses Not Covered, Exclusions, and Limitations."

Benefits	Plan payment for network providers INSIDE WA/OR & Idaho counties[1]	Plan payment for network providers OUTSIDE WA/OR & Idaho counties[1]	Plan payment** for non-network providers	Preauthorization required?	See page***
Preventive Care* See specific services covered	100%	100%	60%	No	31-36, 39
Radiation and Chemotherapy	90%	80%	60%	No	37
Second Opinions					20, 37
• **When required by UMP***	100%	100%	100%	No	
• **When optional**	90%	80%	60%	No	
Skilled Nursing Facility 150 days max/year	100% after $200 copay/day; $600 max copay/person/year	80%	60%	Yes	37, 41, 42
Special Nursing Services $5,000 max/year	90%	80%	60%	No	37
Spinal and Extremity Manipulations 10 visits max/year	90%	80%	60%	No	37, 41
Temporomandibular Joint (TMJ) Treatment (surgical)	90%	80%	60%	Yes	20, 37
Tobacco Cessation Program* *Free & Clear* program only	100%	100%	Not covered	No	30, 38, 41, 42
Vision Care*					38, 41, 42
• **Eye exams** (routine)—Once every two calendar years	90%	80%	60%	No	
• **Vision hardware—**Including frames, lenses, contact lenses, and fitting fees combined	$100 max plan payment every two calendar years	$100 max plan payment every two calendar years	$100 max plan payment every two calendar years	No	
Well-Baby Preventive Care Services* See specific services covered under "Preventive Care"	100%	100%	60%	No	32-34, 39

* Not subject to the annual medical/surgical deductible.

** Your cost-share for these services does not count towards the annual medical/surgical out-of-pocket limit, and is exempt from that limit. See exception for out-of-network care on page 11.

*** Several exclusions listed in "Expenses Not Covered, Exclusions, and Limitations," may apply to all benefits. Please review the "Expenses Not Covered, Exclusions, and Limitations" section carefully.

[1] Refers to the Idaho counties of Bonner, Kootenai, Latah, and Nez Perce.

For more information on what isn't covered and benefit limits, see "Expenses Not Covered, Exclusions, and Limitations."